

DHS/Mental Retardation Developmental Disabilities Administration

Transmittal Letter No.


Location:

Distribution:

SUBJECT: Consumer Benefits Policy

EFFECTIVE DATE:

This policy sets forth the principles regarding benefits for which the consumers receiving services from the District of Columbia Mental Retardation and Developmental Disabilities Administration may be eligible. This policy establishes that the District of Columbia Department of Human Services (DHS)/Mental Retardation and Developmental Disabilities Administration (MRDDA) has the responsibility for oversight of those consumers who reside in facilities funded by the Federal or District Governments and for providing technical assistance to those who live in other than government funded residences.


Dale E. Brown Date 10/20/03
DHS/MRDDA Administrator


Yvonne G. Christ Date 11/14/03
DHS/Director

DHS/Mental Retardation/Developmental Disabilities Administration

POLICY

Transmittal Letter No.

Supersedes:

Manual Location:

SUBJECT: Consumer Benefits Policy

CHAPTER:

NUMBER:

I. PURPOSE

This policy sets forth the principles regarding benefits for which the consumers receiving services from the District of Columbia Mental Retardation and Developmental Disabilities Administration may be eligible. This policy establishes that the District of Columbia Department of Human Services (DHS)/Mental Retardation and Developmental Disabilities Administration (MRDDA) has the responsibility for oversight of those consumers who reside in facilities funded by the Federal or District Governments and for providing technical assistance to those who live in other than government funded residences.

II. SCOPE

This policy applies to employees of the MRDDA, individuals and service providers that provide services and supports to persons with mental retardation and developmental disabilities through funding, contract or provider agreement. All paid staff, subcontractors and consultants of such service providers, and volunteers or other persons that provide services and supports on behalf of the persons with mental retardation and developmental disabilities, are subject to the requirements of this policy.

III. AUTHORITY

The authority of this policy is established in D.C. Official Code §7-1301 et. seq.; **Evans v. the District of Columbia**, June 14, 1978; and **Evans v. Williams**, 35 F. Supp. 2d 88, 97 [D.D.C, February 10, 1999. D.C. Official Code 2-137: 2001 Plan For Compliance and Conclusion of **Evans v. Williams**; D.C. Official Code, Title 6, PL. 93-112, Human Rights Act of 1964.

IV. DEFINITIONS

Benefits: The money or services provided by a program if a person meets the eligibility criteria of the program.

Burial Set-Asides: An account established by and maintained in the Office of the Chief Financial Officer (OCFO) on behalf of a consumer, for whom the District is the Representative Payee, using the consumer's funds. For those consumers for whom the District does not serve as Representative Payee, other parties can establish such accounts.

Individual Financial Plan (IFP): A written component of the Individual Support Plan that outlines the consumer's resources/earnings and spending plan for the year, including earned and unearned income. The plan shows which individuals (co-signers), if any, will have access to the consumer's account(s) and the manner in which access will be actualized.

Individual Support Plan (ISP): A written statement developed by a planning team chosen, whenever possible, by the individual with developmental disabilities, or his/her guardian. The ISP serves as the single document that integrates all supports a person may receive regardless of his residential status. The ISP integrates the Plan of Care (POC) required by the District of Columbia's Home and Community Based Services (HCBS) and by Medicaid for nursing homes. The ISP presents the measurable goals and objectives identified as required for meeting the person's preferences, choices, and desired outcomes. The ISP also addresses the provision of safe, secure, and dependable supports that are necessary for the person's well-being, independence, and social inclusion. The ISP also includes the IFP that outlines the earning and spending plan for the individual with developmental disabilities.

Pre-need Funeral Plan: A contract purchased by the consumer for services to be provided at his or her death (e.g., casket, embalming, transportation, etc.). MRDDA recommends this action as a method of resource reduction to protect benefits eligibility.

Representative Payee: A representative payee is a person or organization officially appointed by the Social Security Administration (SSA) or other agency to receive and administer cash payments on behalf of beneficiary of that program. A representative payee is appointed if the SSA determines that the beneficiary is not able to manage or direct the use of benefit payments on his or her behalf. (See SSI def, 20 CFR 416F.)

Resource Reduction: The process of disposing of any excess resources (i.e., the market value of those resources above the prescribed limit), of an applicant or consumer, which exceeds the limit set by the Federal and State Governments, in order to be eligible to receive or maintain certain benefits. Resources are items of economic value including financial instruments, personal property and real estate.

Duly Authorized Representative (DAR): This representative is a person or entity that the consumer or applicant designates to assist him or her in completing and submitting an application to receive services and supports from MRDDA. The representative can be a legal guardian, family member, attorney, advocate, friend, organization or other person designated by the applicant or consumer to provide assistance with the application process. *{If the consumer or applicant does not have such a representative and needs/desires one, MRDDA will be available to serve in this capacity.}*

Service Provider: An individual or organization that provides residential or day/vocational, therapeutic, clinical supports and services to the consumers served by MRDDA.

V. POLICY

MRDDA will maintain knowledgeable staff, through the employment of and the regular in-service training of an adequate number of professional staff to facilitate the acquisition and maintenance of benefits for which its consumers may be eligible.

As MRDDA assists its consumers to apply for benefits, it will provide information about the federal and local programs available and an explanation of the application process, including how the benefits relate to the receiving of certain MRDDA services. Where necessary or if requested, MRDDA will file a completed application for benefits for any of its consumers who may be eligible to receive said benefits.

Once MRDDA consumers have acquired benefits, MRDDA and the designated Providers will assist its consumers to maintain eligibility where appropriate, while complying with all Federal and District statutes and regulations applicable to these Entitlement Programs.

VI. ACQUISITION AND MAINTENANCE OF BENEFITS

A. Acquisition of Benefits

1. As part of the process for applying for services from MRDDA, the consumer or his/or her DAR will receive information about the benefits that are available and the contact information regarding these Entitlement Programs that may help them understand the requirements of these programs and the benefits provided under each program.
2. If the consumer or his or her DAR decides to apply for any benefits, an MRDDA representative will assist him or her with the application process, if needed. The representative will work, in conjunction with the consumer or his DAR and/or MRDDA Case Manager to ensure the timely and accurate assembling of the required documentation and information and to ensure the timely filing of the appropriate information with the appropriate local and federal agencies.
 - i. If the consumer or his DAR is able to obtain benefits without MRDDA assistance, the case manager will to monitor the application process and provide support where necessary.
3. At the conclusion of the application process for benefits, if the consumer is denied eligibility by the applicable agency, the consumer and his/or her DAR will be notified of the denial and of his right to appeal. An MRDDA representative will assist the consumer with the appeals process and monitor his case until it is resolved. If the case is resolved in favor of the consumer, MRDDA will review the information for a re-determination concerning receipt of MRDDA services or supports.

B. Maintenance of Benefits

1. Once a consumer has received the notice of eligibility for benefits, a Continuing Services Case Manager will monitor the consumer's health, employment and financial situation to make sure that the consumer continues to meet the to meet the eligibility criteria of the Entitlement Program. This

monitoring effort will involve collaboration between Continuing Services Case Management, Office of the Consumer Finances & Benefits (OCF&B) and the providers.

- i. A review of the consumer's benefits is required when the consumer's ISP is updated annually. The ISP team will monitor the services and supports received and, where necessary, devise strategies for the consumer to maintain eligibility for these benefits. Some of these strategies include burial set-asides, pre-burial contracts and resource reductions. Other actions concerning eligibility will be taken as recommended by the ISP team, which could include a recommendation to apply for additional benefits or change existing benefits.
- ii. To facilitate the maintenance of eligibility, service providers will submit to MRDDA, in a timely manner, copies of all pertinent records that contain the information required to satisfy eligibility criteria of the Entitlement Programs. Following is a nonexhaustive list of the records and information required to be provided: financial records, medical records, nonpublic personal information, and other identifying information.

2. Maintaining Consumer Eligibility: Re-certifications

- i. Medicaid: For those consumers who are Medicaid eligible and are required to be re-certified annually, the OCF&B will monitor their benefit eligibility in the following manner:
 - a. For consumers for whom DHS is the Representative Payee, (except for residents of ICF/MRs; see 2.b following.) the OCF&B receives a notice from the Income Maintenance Administration (IMA) when the consumer's certification date is three months away. On the day the notice is received, OCF&B notifies the Continuing Services Case Manager (CM) in writing of the re-certification date and the documents necessary for re-certification. On a day prior to the end of the ninety days, OCF&B sends a reminder, if the CM has not delivered the documents. OCF&B uses IMA's Automated Consumer Eligibility Determination System (ACEDS) to monitor the status of the consumer's re-certification to ensure that it is accomplished.
 - b. In the case of consumers residing in ICF/MRs, IMA sends the notice of re-certification to the residential providers. The ICF/MR providers send a report to the OCF&B office, listing those consumers whose re-certification date is three months away, by the 15th day of each month. OCF&B will monitor the status of these consumers' re-certifications through ACEDS. Once the re-certification has been completed, the ICF/MR provider will deliver to OCF&B a copy of the continuation statement from IMA. OCF&B will update the appropriate records in MRDDA's Consumer Information System (MCIS).¹

¹ This section of the policy will be amended once MCIS becomes externally accessible by providers.

- ii. Supplemental Security Income (SSI): For those consumers receiving SSI, notices requiring the recipient to make Continuing Disability Review reports or Work Activity Reports, are generated by a computer program and thus, occur in no regular pattern. These reports require specific documents, which the CM collects and delivers to OCF&B.
 - a. The OCF&B will manage a system of *earnings reporting* to the Social Security Administration (SSA). OCF&B will monitor consumer's attributable earnings and resources to prevent the exceeding of limits. If an over-resource situation occurs, the OCF&B will assist the CM to determine what strategies should be employed to bring the consumer into compliance with the applicable guidelines.²
3. Where the District of Columbia is Representative Payee, MRDDA performs those duties assigned by the OCFO.
4. Confidentiality. All confidential information received or obtained pursuant to this Policy shall be: (i) received on a confidential basis and not disclosed to others; (ii) used only for the purpose of carrying out this Agreement and for no other purpose; (iii) reproduced only as needed in carrying out this Policy; and (iv) disseminated within MRDDA only to those employees whose duties justify their need-to-know, and then only on the basis of a clear understanding by each such employee of his or her obligation to maintain the confidentiality of such information and use such information only in implementing this Policy. For purposes of this Policy, confidential information includes, but is not limited to, any personal, medical, financial or other information required by the parties from or about an applicant or consumer applying for and receiving benefits under an Entitlement Program.

VII. Applicability of ISP Process

ISP - As stated in Section VI (B)(1)(i), a review of the consumer's benefits is will be required when the consumer's ISP is updated annually. The ISP team will review the services and benefits being received and when necessary devise strategies to enable the consumer to maintain benefits. Other actions concerning benefits will be taken as recommended by the ISP team, for example, to apply for additional benefits and/or change existing benefits.

² This section of the policy will be amended once MCIS becomes externally accessible by providers.

Appendix

Entitlement Programs

This Appendix lists some of the Federal and Local Entitlement Programs that are available to any individual who meets the eligibility criteria for those programs. Below is a nonexhaustive list of some of the more popular Entitlement Programs, including a brief description. This list should not be used to determine eligibility, but rather solely as a guide to the types of services and supports that may be available. Note that the information contained herein is subject to change without notice; thus, you are encouraged to research the various Entitlement programs available and/or contact an MRDDA representative for further information.

DC Health Care Alliance: A public-private partnership between the city and private healthcare providers to help District residents not eligible for Medicaid take care of and improve their family's health by providing easy access to healthcare providers. The goal of this program is to improve health outcomes for all eligible uninsured residents of the District of Columbia. Some of the services provided to enrolled members of the program include: maternity care, wellness programs, prescription drugs and dental services.

Department of Veterans' Affairs: Dependency and Indemnity Compensation is a monthly benefit paid to eligible survivors of certain deceased veterans. There is a basic monthly benefit amount for eligible spouses and disabled children.

Food Stamps: The Food Stamp Program is a federally funded program, which is designed to help low-income households buy the food they need for a nutritionally adequate diet. You and/or your household must meet eligibility requirements and provide information about you and/or your household circumstances (such as the amount of resources available, number of able-bodied people eligible for work, amount of income earned). The amount of monthly food stamps you receive depends on the size of your household and the net income of you or your household.

Medicaid: A jointly funded, Federal-State health insurance program for certain low-income and needy people, including children, the aged, blind, and/or disabled. You may be eligible to receive Medicaid if you receive Public Assistance or Supplemental Security Income (SSI), or if you meet certain income, resource, age or disability criteria. There are also special programs to help if you are pregnant or if you have a child. In general, Medicaid pays for certain services, but some may not be covered for you because of your age, financial circumstances, family situation, transfer of resource requirements or living arrangements. There may be limitations on certain services. Services must be from Medicaid providers; however, not all providers accept Medicaid. For you to use your benefit for certain medical supplies, equipment, or services (such as wheelchairs, transportation), you or the person or facility that will provide the product or service must receive approval before the product or service can be provided.

Medicare: A health insurance program, funded by the federal payroll taxes, Government, for people 65 years of age and older, and some disabled people under 65 years of age receiving Social Security Disability Insurance. Medicare has two parts to its insurance: Part A (hospital and skilled care) and Part B (medical insurance).

Social Security Disability Insurance (SSDI): An insurance program sponsored by the U.S. government under Title II of the Social Security Act. It is a cash benefit for a disabled worker and/or family based upon computations of the worker's earnings record. After the disabled worker completes a disability determination process and is deemed eligible, he or she will receive

a notice of eligibility which explains how much your disability benefit will be and when payments start. It also shows when you can expect your condition to be reviewed to see if there has been any improvement. The law provides that, under the SSDI program, disability benefits for you cannot begin for five months after the established onset of the disability.

Supplemental Security Income (SSI): A monthly cash payment funded by the Federal general revenue fund and administered by the SSA to people who are 65 or older, or blind, or have a disability and who have few assets and very low income. There are limits on income and limitations on the cash value of an individual's assets.

Section 8 Rental Housing Vouchers: The Section 8 Rental Housing Voucher is the federal government's program for assisting very low-income families, the elderly and the disabled to rent decent, safe and sanitary housing in the private market. Since the rental assistance is provided to you or your family, you or your family have the choice to lease privately owned housing, including single-family homes, townhouses and apartments, providing the housing falls at or below fair market rents.³ **Note:** OFC&B does not provide assistance in acquiring this service; however, MRDDA does have a housing specialist to help its consumers with housing services and other related issues.

Temporary Assistance For Needy Families (TANF): TANF is a welfare program that requires work in exchange for time-limited assistance. Under Federal TANF guidelines, you can receive Family Assistance (FA) that is temporary cash assistance to eligible needy families, provided you meet certain conditions and criteria. There is no cost to apply for this benefit; however, you will be mandated to work or to be involved in a work-training program. This program replaces the former Aid to Families with Dependent Children (AFDC) and Job Opportunities and Basic Skills Training (JOBS) programs, ending the federal entitlement to assistance.

Railroad Retirement Board: Survivor Benefits Annuities are payable to surviving widows and widowers, children and certain other dependents. Eligibility for survivor benefits depends on whether or not the employee was "insured" under the Railroad Retirement Act at the time of death, with certain exceptions. An employee is insured if he or she has at least 10 years of railroad service, or 5 years performed after 1995, and a "current connection" with the railroad industry as of the month the annuity begins or the month of death, whichever occurs first. If a deceased employee was not so insured, jurisdiction of any survivor benefits payable is transferred to the Social Security Administration and any survivor benefits are paid by that agency instead of the Board.

WIC: A federally funded nutrition program that provides nutrition education, breastfeeding promotion and support, and supplemental food to pregnant women, new mothers, infants, and children up to age 5. WIC is administered by the Department of Agriculture through the state health departments. Eligibility is based on income and nutritional risk as determined by a health professional.

³ OFC&B does not provide assistance in acquiring this service.